

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION
COST REPORT FOR CONTRACTED SERVICES
FISCAL YEAR 2000-2001

ATTACHMENT II-B

SUMMARY PAGE
NON MEDI-CAL FUNDED

OUTPATIENT DRUG FREE SERVICES

Type of Program
(Check One)

<input type="checkbox"/>	Alcohol
<input type="checkbox"/>	Drug
<input type="checkbox"/>	Perinatal
<input type="checkbox"/>	Parolee

Type of Submission:
(Check One)

<input type="checkbox"/>	Original
<input type="checkbox"/>	Amended

PROPOSITION 36 USE ONLY

Contract Agency Legal Name _____ D.E. _____

Contract Number _____ Provider Number: _____ Contract Term: From: _____ To: _____

Approved For Agency By: _____ Authorized Signature _____ Date _____ Mode of Service: _____

Contact Person: _____ Telephone No.: _____ Program Capacity: _____

Name

(1)

(2)

(3)

(4)

Actual Expenditures
ODF Individual

Actual Expenditures
ODF Group

County
Approved Budget

(3)-(1+2)
Variance

Program Expenses:

1. Salaries & Employee Benefits	(Sch. P1)				
2. Facility Rent/Lease or Depreciation	(Sch. P2)				
3. Equipment and/or Other Asset Leases	(Sch. P3)				
4. Services, Supplies & Equip. Depreciation	(Sch. P4)				
5. Administrative Overhead	(Sch. P5)				
6. Total Gross Cost	(line 1-5)				

Less Revenue: (County Allocation Excluded)

7. Participant/Client Fees					
8. Excess Fees Carryover from FY 1999/00					
9. Excess Fees to be Carried Forward to FY 2001/02	(
10. Private Funding/Public Assistance/Other Provider Revenue					
11. Total Revenue	(line 7-10)				
12. NET COST	(line 6 less 11)				
13. Total Units of Service Provided (Mandatory*)					
13a. Total Service Staff Hours					
13b. Total Individual Face-to-Face Visits (No. of indiv. Participants)					
13c. Total Group Visits (No. of Participants in Group)					
13d. Total Group Sessions					
14. Gross Cost Per Unit	(Individual-line 6 divided by line 13b) (Group-line 6 divided by line 13c)				
15. Net Cost Per Unit	(Individual-line 12 divided by line 13b) (Group-line 12 divided by line 13c)				

16.	Other Services	UOS	# Clients	Amount
	Literacy Training			
	Family Counseling			
	Vocational Training			
	Other Client Services			

* For all types of contracts including cost line-item contracts

COUNTY USE ONLY

Total Cost Report Settlement Per County

Type of Contract:

<input type="checkbox"/>	Fee for Service
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16. Maximum Contract Amount (Co. Alloc.) _____

<input type="checkbox"/>	Cost Reimbursement Provisional Rate
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17. Maximum Cost Subject to Reimburse _____

<input type="checkbox"/>	Cost Reimbursement Non-Provisional Rate
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18. Less YTD Non Medi-Cal paid (_____)

19. Balance Due (County)/Provider _____

Reviewed by: _____ Name _____ Date _____

Approved by: _____ Authorized Signature _____ Date _____